

Optional Eligibility Programs – Strawman Assumptions for Building 2013-15 Budget
(Enrollment as of March 2012)

Program	Eligibility Overview	Enrollee Count	Suggested Action
Medical Care Services (MCS) (aka Disability Lifeline) (Federal match through Transitional Bridge waiver)	Adults (18-65) unable to work due to physical or mental health disability expected to last at least 90 days. Income ~38% FPL (\$339).	11,120 (continuing to decline)	Transition eligible clients are converted to MAGI Medicaid. State-only MCS clients not eligible for MAGI Medicaid or the Exchange may continue under a separate state-funded program.
ADATSA (Federal match through Transitional Bridge waiver)	Same as MCS with the inability to work a result of drug or alcohol abuse.	4,451	Transition eligible clients are converted to MAGI Medicaid. State-only MCS clients not eligible for MAGI Medicaid or the Exchange may continue under a separate state-funded program.
Presumptive SSI (DL-X)	Initially the same as MCS, with an additional expectation that the individual will qualify for SSI.	14,157	Eliminate – Transition clients to MAGI Medicaid (Stakeholders in agreement)
Basic Health (BH) program (Federal match through Transitional Bridge waiver)	WA residents not eligible for Medicare or Medicaid, with legal documentation and income up to 200% FPL	39,309 (July enrollment declined to 32,855)	Transition eligible clients under 138% of FPL obtain MAGI Medicaid coverage through the Exchange Eligible clients above 138% of FPL can obtain subsidized coverage through the Exchange. State-only BH clients not eligible for MAGI Medicaid or the Exchange may continue under a separate state-funded program.
Take Charge Family Planning/ Family Planning Extension	Take Charge - Pre-pregnancy family planning with income up to 250% FPL – extension from 200% FPL just approved	36,432	Still under evaluation. (Unclear whether federal waiver authority will continue past 12/31/2013, confidentiality concern.)
	Family Planning – post-pregnancy services (up to 185% FPL)	26,110	

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Breast and Cervical Cancer Treatment Program (BCCT)	Uninsured with BCC screening through DOH Breast & Cervical Health program or Breast & Cervical Early Detection program (CDC-funded.)	1,044	Eliminate – Transition eligible clients under 138% to MAGI Medicaid and facilitate open enrollment for Exchange recipients beginning October 1, 2013. 2014 reauthorization unclear.
Health Care for Workers with Disabilities (HWD)	Employed, age 16-64, income up to 220% FPL, with disability	1,536	No change – program remains in place to support return to work objectives
Kidney Disease Program (KDP) (State-only funding)	Washington state resident with End Stage Renal Disease and income up to 200% FPL. (Spend-down available for those 200-300% FPL)	~660	Still exploring whether a limited benefit would be necessary. Program reduction still likely.
Medically Needy (MN)	Aged, blind, disabled, pregnant, children with income above Categorically needy limits – excess spent down by incurring medical expenses above household income standard (e.g., household size 1-3, income limit=\$698).	12,855 (9,081 dual eligibles)	No change to eligibility (possible benefit changes)
Involuntary Treatment Act (ITA) (State-only funding)	Involuntary psychiatric commitment in Washington without medical assistance. Income/resource restrictions same as MN program	70	Eliminate program
Psychiatric Indigent Inpatient Program (PIIP) (State-only funding)	Voluntary emergent inpatient psychiatric care in Washington. \$2,000 annual deductible per family.	302	Eliminate program